Case 1:02-cr-00115 SAS Document 53 Filed 07/17/2007 Page 1:02-cr-00115 SAS Document 53 Filed 07/17/2007 Page OHS 1. CIR./DIST./DIV. CODE OHS Senjamin, Jordan 2. Person Represented Senjamin, Jordan 4. DIST. DKT./DEF. NUMBER 1:02-000115-001	() ()
	R DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED (See I Super Sup	RESENTATION TYPE Instructions) ervised Release
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of of	Tense.
Suite 1200 250 E. Fifth Street Cincinnati OH 45202 Telephone Number: (513) 333-5242 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Cohen, Todd, Kite and Stanford, LLC Suite 1200 250 E. Fifth Street Cincinnati OH 45202 The phone Number: (513) 333-5242 15. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Cohen, Todd, Kite and Stanford, LLC Suite 1200 250 E. Fifth Street Cincinnati OH 45202 The phone Number is presented has testified und otherwise satisfied this court that he or she (1) is financially unable (2) does not while to waive counsel, and hecause the interests of justination whose name appears in Item 12 is appointed to represent or or in the person of the Court of Order in the person represent of Order in the person represent of appointment. TYES NO	Retained Attorney Counsel der oath or has to employ counsel and lee so require, the this person in this case,
CATEGORIES (Attach itemization of services with dates) HOURS CLAIMED TOTAL AMOUNT CLAIMED HOURS	FECH CONTROLL
15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial c. Sentencing Hearings f. Revocation Hearings g. Appeals Conrt h. Other (Specify on additional sheets) (Rate per hour = \$) TOTALS: 16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing	PM 2: 40 100000
d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$) TOTALS:	
17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18. Other Expenses (other than expert, transcripts, etc.)	
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17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18. Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM	res : No
17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18. Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Supplemental Payment YES NO If yes, were you paid? Yes NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date: APPROVED FOR PAYMENT — COURT USE ONLY	res : No
17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18. Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or reminhursement for this case? YES NO If yes, were you paid? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date: APPROVED FOR PAYMENT — COURT USE ONLY 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27.	TES : NO on with this
17. Travel Expenses (lodging, parking, meals, mileage, etc.) 18. Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM	TES NO on with this NO TOTAL AMT, APPR/CERT